

*Utah Labor Commission
Division of Industrial Accidents*

***EMPLOYER'S GUIDE TO
WORKERS' COMPENSATION***



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TABLE OF CONTENTS

- [Workers' Compensation Insurance Coverage](#)
- [Independent Contractors/Subcontractors](#)
- [Leasing Companies](#)
- [Employer Responsibilities under Workers' Compensation](#)
- [Rate Determination](#)
- [Employee Benefits under Workers' Compensation](#)
- [Wage Replacement Benefits](#)
- [Release to Return to Work](#)
- [Light Duty or Transitional Employment](#)
- [Other Benefits](#)
- [Choosing a Medical Provider](#)
- [Drug and Alcohol Use](#)
- [Controlling Workers' Compensation Costs](#)
- [Fraud Law in Workers' Compensation](#)
- [The Family and Medical Leave Act \(FMLA\)](#)
- [The Americans with Disabilities Act \(ADA\)](#)

Question Q1 WHAT IS WORKERS' COMPENSATION?

Answer A1 Workers' compensation is a wage replacement and medical care program for a worker whose injury or illness is work related.

WHO SHOULD BE COVERED?

Q 2. ARE ALL EMPLOYERS REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE?

A 2. All employers are required to carry workers' compensation insurance except for the following employer/employee work situations: some employers of agricultural laborers, casual or domestic workers, real estate brokers, sole proprietors and partners. Directors or officers of a corporation are considered employees and must exclude themselves from coverage through an insurance company. If you have a question about insurance coverage please call the Labor Commission at 530-6800 or toll free (800) 530-5090 and ask for the Policy Section.

Q 3. IF I HAVE ANOTHER INSURANCE POLICY THAT IS SIMILAR TO WORKERS' COMPENSATION, AM I STILL REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE?

A 3. Yes, you are still required by state law to carry workers' compensation insurance. Some insurance policies provide 24-hour medical coverage and a wage replacement in the event of an accident; however, the policies are limited and do not provide all the benefits as under workers' compensation and do not provide the employer with the exclusive remedy provision.

Q 4. AM I REQUIRED TO PURCHASE WORKERS' COMPENSATION THROUGH THE WORKERS' COMPENSATION FUND OF UTAH (WCFU) OR ARE THERE OTHER INSURANCE COMPANIES THAT PROVIDE WORKERS' COMPENSATION INSURANCE?

A 4. No, insurance does not have to be purchased through WCFU, however WCFU will not turn away any employer for insurance coverage.

An employer can insure his/her workers in one of three ways:

- 1) By purchasing insurance from any private insurance carrier authorized by the Insurance Department to write workers' compensation insurance in Utah. An employer can contact their personal insurance agent who handles their auto, home or business liability insurance to see if they can write a workers' compensation policy for their company. Most insurance companies can write workers' compensation insurance in Utah.
- 2) By purchasing insurance through the Workers' Compensation Fund of Utah, a quasi-governmental entity, which is required by law to provide workers' compensation insurance to any employer in the state of Utah upon payment of the premium.
- 3) By being self-insured to pay workers' compensation directly to employees. Employers who wish to become self-insured must make application through the Labor Commission of Utah. Only very large employers usually meet the minimum requirement of \$10 million net worth to qualify for self-insurance.

The state of Utah does not allow group insurance.

NOTE: Employers should be aware that unemployment insurance is separate from workers' compensation; therefore, when you purchase unemployment insurance through Employment Security (Job Service), you are still obligated to purchase workers' compensation through one of the three ways mentioned above.

Q 5. WHAT ARE THE POSSIBLE CONSEQUENCES FOR EMPLOYERS NOT PROVIDING WORKERS' COMPENSATION INSURANCE?

A 5. The Labor Commission may impose a penalty against the employer of \$1,000 or three times the amount of the premium the employer would have paid for workers' compensation during the period of noncompliance (whichever is greater). An uninsured employer may also be sued for personal injury in a court of law by an injured employee.

Q 6. WHAT DOES THE EMPLOYER RECEIVE IN RETURN FOR PROVIDING WORKERS' COMPENSATION INSURANCE?

A 6. Workers' compensation is a no-fault system and is the exclusive remedy for a worker who sustains an on-the-job injury or illness. A worker cannot sue an employer for

personal injury or negligence. Benefits are fixed by law and the employer knows the costs of purchasing the insurance.

INDEPENDENT CONTRACTORS/SUBCONTRACTORS

Q 7. WHAT IS THE RELATIONSHIP BETWEEN AN INDEPENDENT CONTRACTOR/SUBCONTRACTOR AND A GENERAL CONTRACTOR?

A 7. A general contractor now has the responsibility of making sure that all his/her subcontractors, including sole proprietors, partners and corporate officers have workers' compensation coverage. If workers compensation is not provided by the subcontractor then the subcontractor becomes an employee of the general contractor for workers' compensation purposes only and coverage must be provided under the general's policy. The subcontractor, if a sole proprietor, partner or corporate officer, may also apply for an exemption through the Workers' Compensation Fund of Utah.

Q 8. IF I HAVE A PARTNERSHIP, CORPORATION OR SOLE PROPRIETORSHIP, AM I REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE?

A 8. A sole proprietorship or partnership, with no employees other than the sole proprietor or partners, is not required to purchase workers' compensation insurance. Corporate officers and directors are considered employees of the company and are required to have a workers' compensation insurance policy, however, the corporate officers or directors may be excluded from coverage under the policy. If you are sole proprietor or a partner and contracting for work through a general contractor, you or the general contractor will be required to provide a workers' compensation insurance policy.

LEASING COMPANIES

Q 9. WHAT ARE MY RESPONSIBILITIES FOR WORKERS' COMPENSATION IF I LEASE MY EMPLOYEES?

A 9. The employee leasing company can take care of your company's workers' compensation insurance by adding your company as a separate endorsement to the leasing company's policy or purchasing a separate policy for each client employer. Since the client employer is the employer under worker's compensation law you should ALWAYS have a current workers' compensation policy from the insurance carrier. The employer is also responsible for reporting work-related injuries to the Labor Commission.

Payroll only companies are not leasing companies and do not provide workers' compensation insurance. NEVER ASSUME THAT YOUR WORKERS' COMPENSATION INSURANCE IS BEING TAKEN CARE OF BY SOMEONE ELSE!

EMPLOYER RESPONSIBILITIES

Q 10. WHAT ARE THE EMPLOYER'S RESPONSIBILITIES UNDER WORKERS' COMPENSATION?

A 10. Posting notice. Employers are required to post in conspicuous places typewritten or printed notices stating that they have complied with all the rules and regulations securing compensation to employees and their dependents (notices are available free of charge at the Labor Commission). The notices should state the name of the insurance carrier, the phone number, and steps to report an industrial claim.

Reporting Industrial Accidents. A worker has up to 180 days to report an injury or worker-related illness. Once the injury/illness has been reported to the employer, the employer has seven days, to file the "Employer's First Report of Injury or Illness (Form 122)" with the Labor Commission, and submit a copy of the report to their Workers' Compensation Insurance Carrier and the injured worker.

Q 11. DOES THE EMPLOYER HAVE TO FILE A FIRST REPORT OF INJURY (FORM 122) FOR MINOR INJURIES THAT ONLY REQUIRE FIRST AID?

A 11. The employer is required to file Form 122 for any employee who has been treated by a physician regardless of the severity of injury. Once the physician has treated an industrially injured worker, the doctor is then required to file a Physician's Report (Form 123).

Q 12. WHAT IF I QUESTION THE VALIDITY OF A CLAIM OR HAVE EVIDENCE THAT THE INJURY DID NOT HAPPEN ON THE JOB?

A 12. If you dispute the validity of a claim: contact your insurance carrier with specific information as to why you do not feel this is a valid claim or attach a letter to the Employers' Report and submit it to your insurance carrier; however, you are still required to submit the "Employer's First Report of Injury". All injuries or illnesses reported to the employer must be filed with the insurance company and the Labor Commission. An employer is not allowed to deny any claims unless the Commission has granted the employer the privilege of self-insuring. Reporting an injury by filing an Employers' Report (form 122) is not an admission of liability.

The employer is to give the yellow copy of the report to the employee. On the back of the yellow copy, information is provided which outlines the workers' compensation system and how employees can access their benefits.

Q 13. CAN I BILL MY EMPLOYEES FOR WORKERS' COMPENSATION COVERAGE?

A 13. No, you cannot bill your employees for their workers' compensation coverage. An employer could be subjected to a wage claim if they deducted workers' compensation from an employee's wage. It is the responsibility of the employer to provide workers' compensation benefits for their employees.

Q 14. IF I'M A UTAH EMPLOYER THAT OPERATES OUTSIDE THE STATE OF UTAH, DO I NEED ADDITIONAL COVERAGE FOR EACH STATE?

A 14. Typically, as a Utah employer, if you hire your employees in Utah and they sustain an industrial accident\illness outside of the state, they would be covered under your Utah workers' compensation policy. However, to determine whether additional coverage is needed for other states, it would be advisable to contact the Labor Commission to determine whether a reciprocity agreement exists with the state you are doing business in. If there is a reciprocity agreement in place, the Labor Commission would issue an extraterritorial certificate to the employer extending coverage for that state. The certificate would be in effect for six months. If there is no reciprocity agreement with the outside state, then the employer is obligated to purchase workers' compensation coverage for that state.

If you are not a Utah employer, you are required to contact the Labor Commission of Utah to determine the requirements for workers' compensation coverage and whether your state has a reciprocity agreement with Utah.

RATE DETERMINATION

Q 15. HOW ARE WORKERS' COMPENSATION INSURANCE PREMIUM RATES DETERMINED?

A 15. Each employer's rates are determined separately, although employers are grouped by occupation classification for basic rates. The Utah Department of Insurance, which has statutory authority to set the basic rates charged each year, has designated the National Council of Compensation Insurance (NCCI) as its rate making entity. Each employer's rate will differ from the basic rate, which is a dollar amount per hundred dollars of payroll based on the general hazards of the business. Each employer's basic rate is then adjusted to account for their history of injuries.

Q 16. WHAT IS REQUIRED FOR A WORKERS' COMPENSATION RATE REVIEW IF I FEEL MY RATES ARE TOO HIGH?

A 16. 1. The employer submits a written request to the insurance carrier for information about the rates being charged.

2. The insurance carrier should then respond within a reasonable time, furnishing all pertinent rating information to the employer or an authorized representative.

3. After the information has been received, and the employer still feels the rates or rules have been incorrectly or unfairly applied, the employer may send a second written request which asks for a review of the application of the rates and rules to the insurance carrier. The applicant may request to be heard in person or through an authorized representative.

4. The insurance carrier must grant the request for review within 30 days.
5. If the insurance carrier does not grant the request for review within 30 days, the employer may appeal in writing to the Insurance Commissioner at the Utah Department of Insurance.
6. The Insurance Commission may then order the insurance carrier to respond.
7. Following the review of the rates, the employer may request the Insurance Commissioner to confirm that the insurance was rated according to filed rates and rating plans.
8. If this appeal reveals that the insurance was not afforded according to filed rates and rating plans, the Insurance Commissioner may take regulatory action against the insurance carrier.

EMPLOYEE BENEFITS UNDER WORKERS' COMPENSATION

Q 17. WHAT BENEFITS ARE PROVIDED TO AN EMPLOYEE UNDER WORKERS' COMPENSATION?

A 17. The workers' compensation benefit will pay for:

- Hospital bills, medical bills and prescriptions for life.
- Wage replacement for time lost from work, due to work-related injury or illness.
- Burial and dependent benefits in cases of death.
- Mileage for all authorized medical care.
- Permanent partial impairment.
- Permanent total disability.

WAGE REPLACEMENT BENEFITS

Q 18. WHEN DO THE WORKERS' COMPENSATION BENEFIT CHECKS BEGIN?

A 18. Workers' compensation benefit checks begin after the insurance carrier receives the Employer's First Report of Injury (Form 122) and the Physician's Initial Report of Injury (Form 123) indicating time lost from work.

Upon receipt of these reports the insurance carrier has 21 days to accept, deny or notify the injured worker of further investigation. If further investigation is required, the insurance carrier may have an additional 24 days to complete an investigation. Therefore, the insurance carrier may have a total of 45 days to review the claim and decide whether or not it will be accepted or denied.

Workers' compensation checks are usually issued every two weeks if the doctor continues to send reports stating the injured worker is still temporarily totally disabled and not able to work.

The worker is not paid for the first three days of lost work unless s/he is off 15 or more days. These days do not have to be consecutive. For example, if the doctor removes the employee from work for five days, s/he would be paid the workers' compensation wage replacement for only two days; however, if four weeks later the doctor removes the employee from work for 10 days, then the insurance carrier or self-insured employer would be responsible to go back and pay for the first three days.

Q 19. HOW MUCH WAGE COMPENSATION IS PAID TO THE INJURED WORKER?

A 19. Workers' who are injured on the job or develop an occupational illness are paid 66 2/3 percent of their average weekly wage up to the maximum of the state's average weekly wage, which is determined annually by Job Service. Workers' compensation lost wage payments are non-taxable income.

WAGE REPLACEMENT FORMULA:

Multiply the average gross weekly wage at the time of the accident by 66 2/3 + \$5 for dependent spouse + \$5 for each dependent child under 18 years old (up to 4 dependent children) = the weekly wage benefit. Included in that calculation are wages from a second job if applicable.

EXAMPLE: If wages are \$6.00 per hour and the work is 40 hours per week, the average weekly wage would be \$240 per week. If you have a dependent spouse and two dependent children you would receive an additional \$5 per week for each, equaling \$15.

$\$240.00 \times .66 = \158.00 (rounded to nearest dollar)

+ \$15.00

The workers' compensation weekly payment = \$173.00

For more information regarding the maximum and minimum wage replacement rates, contact your workers' compensation carrier or the Labor Commission.

Q 20. HOW LONG WILL THE INJURED WORKER RECEIVE WORKERS' COMPENSATION BENEFITS?

A 20. If the doctor removes the employee from work, temporary total compensation will be paid until the doctor indicates the employee has reached medical stability or has been released to return to work. If there is no job to return to, the employee needs to apply for unemployment within 90 days of stabilization or of a full work release.

Q 21. WHAT TYPE OF MEDICAL COVERAGE IS PROVIDED UNDER WORKERS' COMPENSATION?

A 21. Medical coverage. The injured worker's medical expenses related to the injury are paid 100 percent by workers' compensation and can extend for the lifetime of the worker. However, medical bills from a checkup or other medical attention due to the injury must be submitted to the insurance carrier or the self-insured employer at least once within a consecutive 3-year period to remain eligible.

Q 22. IS THE EMPLOYER REQUIRED TO CONTINUE PROVIDING MEDICAL INSURANCE FOR AN INJURED WORKER AND HIS/HER FAMILY?

A 22. It is up to the employer to decide whether or not to continue paying for personal or family health care benefits while an employee is off on workers' compensation. This is usually outlined in your company policy. However, in developing such a policy you may want to consult the Family and Medical Leave Act (FMLA) to see if it applies to you. (See section at the back of this booklet for a short description of the FMLA).

RELEASE TO RETURN TO WORK

Q 23. WHEN CAN THE EMPLOYEE RETURN TO WORK?

A 23. An employee can return to work when a physician determines the employee has reached a point of medical stability. An employee may also be returned to a light duty position, if such a position is available. A LIGHT DUTY WORK RELEASE can be initiated by the physician, employee or you, the employer. There are numerous advantages to initiating a light duty program:

- Lowers costs for your workers' compensation insurance carrier, thus lowering costs to you.
- Saves time and dollars on recruitment and training of new employees by retaining experienced and proven employees.
- Lowers medical and legal costs. Studies have shown the quicker you get injured workers back to work, the quicker they are to rehabilitate and the less likely they are to consult an attorney or seek additional medical treatment.
- Maintains contact with the injured worker.
- Decreases recovery time.

If you as the employer do not offer light duty or a modified position to an injured worker, that worker will remain on temporary total compensation until s/he reaches a point of medical stability.

LIGHT DUTY OR TRANSITIONAL EMPLOYMENT

Q 24. IS THE EMPLOYER REQUIRED TO PROVIDE LIGHT DUTY?

A 24. No, the employer is not required to provide light duty; however, as mentioned above, there are many advantages to the employer and employee by offering light duty.

Q 25. IF I BRING AN EMPLOYEE BACK ON LIGHT DUTY, DO I HAVE TO PAY THEM THE SAME RATE OF PAY?

A 25. No, you do not have to pay the employee the same rate of pay; however, the insurance company would pay $66 \frac{2}{3}$ the difference between what the employee was earning at the time of the injury and what the employee is now earning on light duty.

OTHER BENEFITS

Q 26. IS THE INJURED WORKER ENTITLED TO OTHER BENEFITS?

A 26. The employee may be entitled to a **PERMANENT PARTIAL IMPAIRMENT** rating if s/he sustained a permanent impairment due to a job related injury. It is a partial impairment if the employee is able to return to work. Impairment ratings are determined by a doctor.

The employee may be considered for **PERMANENT TOTAL DISABILITY COMPENSATION** if s/he has sustained a permanent disability which is totally disabling and prevents the employee from returning to any type of work. Statutory permanent and total disabling conditions are: loss of two limbs such as legs or arms, loss of eyes, or a combination. Any other injury which results in a permanent impairment is potentially a permanent total disability if the injured worker is not returned to work.

ARTIFICIAL PROSTHESIS AND APPLIANCES: The insurance carrier or self-insured employer shall pay a reasonable sum for artificial means, appliances, and prostheses necessary to treat the employee. Broken appliances such as eye glasses may be replaced, if medical treatment is necessary.

DEATH AND BURIAL BENEFITS: When death of an employee is the result of a work related injury or illness, death benefits will be paid by the insurance carrier or self-insured employer to the spouse and/or dependents. There is also an allowance for burial costs.

CHOOSING A MEDICAL PROVIDER

Q 27. CAN THE EMPLOYER OR INSURANCE CARRIER DESIGNATE WHERE EMPLOYEES ARE TREATED FOR INDUSTRIAL ACCIDENTS?

A 27. The insurance carrier or employer has the right to designate a preferred medical provider for the first visit and any hospital care. The injured worker must first seek medical treatment from the preferred provider, if one exists.

Q 28. IS THE INJURED WORKER ENTITLED TO ANY DOCTOR CHANGES IF S/HE IS UNHAPPY WITH MEDICAL TREATMENT?

A 28. Injured workers are entitled to one doctor change. However, they need to notify the insurance carrier as soon as possible of the change.

A referral from their treating doctor to another doctor is not considered a change, or is a change from an emergency room doctor to a private doctor, unless the emergency room is named as the "company doctor."

NOTE: If the doctor the employee has chosen is not a part of the preferred provider network (PPO) established by the employer or the insurance carrier, and the doctor performs surgery at a hospital not part of the PPO network, the injured worker will be liable for the difference between the PPO contract and the cost of the hospital treatment if the injured worker has been notified of the PPO hospital.

Q 29. CAN I PAY ANY OF THE MEDICAL BILLS, OR DO I HAVE TO SUBMIT ALL THE BILLS TO MY WORKERS' COMPENSATION INSURANCE CARRIER?

A 29. No, the employer cannot pay for any medical expenses relating to an industrial injury/illness. All claims must be filed and submitted to the workers' compensation insurance carrier, unless the Labor Commission has granted the employer the right to self-insure all of his/her workers' compensation claims. As of April 1992, an insurance carrier is authorized to offer workers' compensation insurance which allows an employer to reimburse the insurance carrier on paid claims, which would lower the premium cost for an employer.

Q 30. DO I HAVE TO GIVE MY EMPLOYEES TIME OFF TO GO TO THERAPY OR THE DOCTOR AFTER THEY HAVE BEEN RELEASED TO FULL DUTY?

A 30. You do not have to provide paid time off once a worker has reached Maximum Medical Improvement (MMI) and has been released to full duty.

Q 31. IF I ALLOW AN INTERN OR STUDENT TO DO AN INTERNSHIP WITH MY COMPANY, AM I RESPONSIBLE FOR PROVIDING WORKERS' COMPENSATION COVERAGE?

A 31. No, an intern or student participating in an internship, for school credits only is considered to be an employee of the sponsoring public or private school for the purposes of workers' compensation. If injured, the student or intern's medical benefits only are covered. If, however you pay the student a wage, the student or intern would become your employee and must be covered under your policy.

Q 32. MY EMPLOYEES ARE CONSTANTLY IGNORING OUR SAFETY RULES AND AS A RESULT HAVE SUSTAINED NUMEROUS INJURIES, AS THE EMPLOYER, WHAT CAN I DO?

A 32. Remind employees that if they are injured on the job due to their willful failure to obey any order or reasonable rule adopted by the employer for their safety, compensation may be reduced by 15%.

Q 33. WHAT IF THE USE OF ILLEGAL DRUGS OR ALCOHOL CAUSES AN ON-THE-JOB INJURY? IS THE EMPLOYER STILL RESPONSIBLE?

A 33. No disability compensation (wage replacement) is awarded, except in the event of death, when the major contributing cause of the injury is the employee's:

- Use of illegal substances;
- Intentional abuse of drugs in excess of prescribed therapeutic amounts;
- Intoxication from alcohol with a blood alcohol concentration of .08 grams or greater as shown by a chemical test. Only the medical costs for the injury will be paid.

Q 34. CAN I TERMINATE AN EMPLOYEE WHO HAS BEEN INJURED ON THE JOB IF THEY CANNOT RETURN TO WORK FULL DUTY, WITHOUT LIMITATIONS?

A 34. It is considered poor judgment for an employer to terminate any employee without considering the possible consequences of such action. However, there is nothing in the Utah Workers' Compensation Act which prohibits an employer from terminating an employee. If the employer has 15 or more employees, the employee may fall under the Americans with Disabilities Act. (See back of booklet for a short description of the Americans' with Disabilities Act and other employment laws).

CONTROLLING WORKERS' COMPENSATION COSTS

Q 35. HOW CAN AN EMPLOYER CONTROL OR LOWER WORKERS' COMPENSATION COSTS?

A 35. SAFETY PROGRAM. The best way for an employer to lower workers' compensation costs is to prevent injuries. Serious injuries cost a lot of money. Training employees in safety pays off in reduced costs. Involve your employees in identifying hazardous work practices or potential injurious situations, areas or machines.

Each employer should actively become involved in each workers' compensation case. Communicate on a regular basis with your employees who are out on a workers' compensation claim. Research indicates that employers who routinely do only one thing--call the employee right away and say, "How are you doing? Hope you get back soon"--reduce their disability claims by 21 percent.

If your company conducts an accident investigation after an incident, make sure it is NOT designed to find fault or blame. The primary purpose of an investigation should be

to develop information that leads to change and prevents similar accidents from occurring.

MANAGED HEALTH CARE. Self-insured employers and workers' compensation carriers may adopt a managed health care program. If a preferred provider program (PPO) is developed, employees are required to initially utilize preferred provider physicians and medical care facilities. Failure of an industrial claimant to utilize a PPO facility or failure to initially receive treatment from a preferred physician may, if the claimant has been notified of the program, result in the claimant being obligated for any charges in excess of the preferred provider allowances.

By developing a PPO, an employer is also able to establish a relationship with a medical provider. The employer can familiarize the treating physicians with the type of work performed by providing a tour of the facility or provide job descriptions listing the essential functions of each job. The physician, having a clearer understanding of the type of work performed, is more likely to release the injured worker either back to work or to a modified position.

EARLY RETURN-TO-WORK PROGRAM. The employer's designated physician should be made aware of the work performed and the physical requirements of the job essentials. This will enhance the ability of the employer to bring employees back quicker to an appropriate job and lower the employer's workers' compensation costs and the cost for personnel replacement. Writing good job descriptions outlining the essential functions of each job can also assist in complying with the Americans with Disabilities Act.

REVIEW YOUR QUARTERLY WORKERS' COMPENSATION CLAIMS. Request a quarter claims loss statement from your insurance carrier and carefully review all claims paid for the quarter by the insurance carrier. If you dispute any payments you need to contact your insurance carrier.

SAFETY CONSULTATION. The Commission provides FREE safety consultations for companies. Please contact the Utah Safety and Health Consultation Program at 530-6901 or 1 (800) 530-5090 for assistance with safety programs.

MEDIATION. The Commission now offers a mediation program to resolve workers' compensation claims without the need of additional expense for litigating a case. For more information please call 530-6800 or (800) 530-5090.

Workers' compensation costs can be controlled through active employer involvement.

FRAUD LAW IN WORKERS' COMPENSATION

A fraud law involving workers' compensation was passed in the 1993 legislative session and became effective May 3, 1993. The new law makes it a criminal offense to (1) knowingly present false or fraudulent information in obtaining workers' compensation insurance coverage, (2) file or cause to be filed a claim for disability compensation or

medical benefits, or (3) submit a false or fraudulent report or billing for health care fees or other professional services.

An employer giving false or fraudulent payroll or occupational information to an insurance carrier in order to obtain a lower premium for workers' compensation insurance coverage could be prosecuted for fraud.

An employee making false or fraudulent claim for benefits, either medical or disability compensation, could be prosecuted for fraud, and any medical provider or others falsely or fraudulently billing for professional services for workers' compensation could be prosecuted for fraud. Fraud is a crime subject to fines and even confinement in the state prison.

THE FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act is separate from Workers' Compensation. This federal law became effective August 5, 1993. It may apply to some employment situations.

The FMLA requires "covered" employers to provide up to 12 weeks of unpaid, job protected leave to "eligible" employees for certain family and medical reasons.

Employees may be eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and there are at least 50 employees within 75 miles.

For more information, please contact the nearest office of the Wage and Hour Division, listed under U.S. Government, Department of Labor, Employment Standards Administration.

THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) makes it unlawful for an employer to discriminate in employment against a qualified individual with a disability. The ADA requirements ultimately will apply to employers with 15 or more employees.

Whether an injured worker is protected by the ADA will depend on if the person meets the ADA's definition of an "individual with a disability". The person must have an impairment that "substantially limits a major life activity", have a "record of" or be "regarded as" having such an impairment. Also, s/he must be able to perform the essential functions of a job currently held or desired, with or without accommodations.

Clearly, not every employee injured on the job will meet the ADA definition. However, if you feel your employee may meet the requirements and you have questions regarding your responsibilities, contact the Division of Anti-Discrimination/Labor of the Labor Commission at

530-6801, or toll free in Utah at (800) 222-1238.

FOR ADDITIONAL INFORMATION ON WORKERS' COMPENSATION OR TO SCHEDULE AN EMPLOYER'S WORKSHOP OR SEMINAR, PLEASE CONTACT THE DIVISION OF INDUSTRIAL ACCIDENTS AT 530-6800 OR (800) 530-5090.

FOR ASSISTANCE IN MAKING YOUR WORK PLACE A SAFER ENVIRONMENT FEEL FREE TO CONTACT THE UTAH OCCUPATIONAL SAFETY AND HEALTH DIVISION (UOSH) AT 530-6901 OR (800) 530-5090.